

Kansas Excellence Through Education Program (KEEP)
Points Form



Licensee or Designated Manager/Director Name:

Kansas License Number: _____

Date of Program: _____

Name of Program Speaker (Veterinarian or Department of
Agriculture, Division of Animal Health Representative):

Signature of Program Speaker or Program Coordinator:

Title of Program: _____

City and State where program was presented: _____

Sponsor of Education Program (ie: Club, Organization):

Total minutes or hours of actual presentation: _____

(If more than one speaker is presenting a program, please use
a separate form for each speaker and the topic presented.)

Please attach a program or flier to this form and forward to:

**Jeff Jones/KEEP Records Manager
Kansas Department of Agriculture
1320 Research Park Dr
Manhattan, KS 66502
Or fax to: (785) 564-6778**

(Don't forget to keep a copy for your records.)

**KEEP: To educate all entities of the Kansas Pet Animal Act,
resulting in quality care of Kansas pet animals through
knowledge and a dedication to excellence.**



KEEP Kansas Pets Shining!

